



\*NMY1HYPTSN\*

Proposal No.

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# Hypertension Questionnaire

To be completed by attending Doctor

Proposed Life : \_\_\_\_\_ Proposal No. \_\_\_\_\_  
 NRIC No. : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : ( ) Male ( ) Female

We would appreciate if you could kindly complete this questionnaire

(1) Date an elevated blood pressure reading was first noticed

DATE	BLOOD PRESSURE READINGS

(2) Where were the subsequent blood pressure readings after treatment was initiated (Last 2 years records only).

DATE	BLOOD PRESSURE READINGS	DATE	BLOOD PRESSURE READINGS

(3) Were any investigations carried out to ascertain the cause of the elevated blood pressure?  
 e.g. Chest, X-ray, E.C.G, Stress, Blood Test, Scans, Urine, Microunalysis, etc.

Yes  No (If the answer is "YES", please give details)

TYPE OF INVESTIGATION	DATE	RESULTS

**Hypertension Questionnaire**

(4) Has he/she suffered from any end organ damage to any of the following as a result of his/her elevated blood pressure?

a) Heart  Yes  No

b) Brain  Yes  No

c) Kidney  Yes  No

d) Eyes  Yes  No

(If the answer to any of the above is "YES", please indicate the end organ damage suffered)

(5) Date and type of medication prescribed for his/her elevated blood pressure over the past 3 years

NO.	DATE	NAME OF MEDICATION	DOSAGE
1			
2			
3			
4			
5			
6			

(6) Is he/she currently on medication?

Yes  No

If the answer is "NO", please indicate the date and reasons treatment was discontinued.

(7) Was funduscopy done on him/her?

Yes  No

If the answer is "YES", please give details of the fundocopy results

(8) a. Is he/she regular with his/her follow up at your clinic?

Yes  No

b. Does he/she strictly adhere to the advice and treatment prescribed by you?

Yes  No

This report has been prepared by:-

Signature of Doctor : \_\_\_\_\_ Clinic Rubber Stamp : \_\_\_\_\_

Dated : \_\_\_\_\_ Telephone No. \_\_\_\_\_

**KINDLY RETURN THIS FORM IN A SEALED ENVELOPE TO THE UNDERWRITER OF OUR COMPANY SO AS TO MAINTAIN CONFIDENTIALITY OF THE INFORMATION THAT YOU HAVE PROVIDED.**